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CONFIRMATION NO. 5009

<b>SERIAL NUMBER</b> 10/720,600	<b>FILING OR 371(c) DATE</b> 11/24/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1624	<b>ATTORNEY DOCKET NO.</b> PC25530A
<b>APPLICANTS</b> Paul S. Changelian, East Greenwich, RI;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/429,784 11/26/2002 <i>VP</i> <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 03/10/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>W. Balasubramanian</i> Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> RI	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 15
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 28523				
<b>TITLE</b> Method of treatment of transplant rejection				
<b>FILING FEE RECEIVED</b> 1070	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	